above listed.

1.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Certification under 37 CFR §1.10 (if applicable)

EV 336042439 US

Express Mail Label Number

February 6, 2004

Date of Deposit

I hereby certify that this transmittal and the documents and/or fees hereon and attached hereto have been deposited as "Express Mail Post Office to Addressee" in accordance (with 37 CFR §1.10), with Express Mail Label Number Valerie Peterson

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Transmittal of Utility Patent Application for Filing Under 37 CFR §1.53(b)

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450

Enclosed are:

Sir: Transmitted herewith for filing is a patent application by inventor: Paul L. HICKMAN, and entitled:

METHOD AND APPARATUS FOR REMOTE INTERACTIVE EXERCISE AND **HEALTH EQUIPMENT**

	oxtimes	One stamped, self-addressed postcard for PTO datestamp					
	\boxtimes	Certificate of Express Mail					
	\boxtimes	One utility patent application containing text pages 1-31 and 1 page Abstract					
	\boxtimes	Declaration and Power of Attoreny For Original U.S. Patent Application (signed - 2 pgs.)					
	\boxtimes	Assignment (2 pages); and Recordation Cover Sheet (1 page)					
	\boxtimes	Information Disclosure Statement (2 pages); PTO 1449 Form (1 page)					
	\boxtimes	_20 cited references					
	\boxtimes	Combined check for fees described below					
2.	is a care	Priority This application is a continuation of U.S.S.N. 09/690,701, filed 10/16/2000, which ontinuation of 09/273,591, filed 03/22/1999, and is U.S. Patent 6,193,631, which intinuation of U.S.S.N. 08/766,513, filed 12/13/1996, and is U.S. Patent 6,059,692 laims benefit of 60/008,603 filed 12/14/1995, which are all incorporated herein in its ty by reference.					
3.	Foreiç □	gn Priority Priority of Application No. «SerialNo» filed in on is claimed under 35 USC §119.					
		A certified copy of this priority document is enclosed.					

4. FEES: Are calculated below:

For:	(Col. 1) No. Filed	(C I. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$375.00	or		\$750.00
Total Claims	24 - 20	4	x \$ 9 =	\$ 36.00	or	x \$ 18 =	\$
Independent Claims	3 - 3		x \$42 =	\$	or	x \$ 84 =	\$
☐ Multiple Depender	+ \$140 =	\$	or	+ \$280 =	\$		
	+ \$40 =	\$ 40.00					
*If the difference in Col. enter "0" in Col. 2.	TOTAL	\$451.00	or	TOTAL	\$		

- Applicant claims small entity status. See 37 CFR §1.27.
- Check no. <u>4097</u> in the amount combined of <u>\$451.00</u> is enclosed to cover the Filing Fee; Claims Fee; and Recordation Fee, described above.
- ☐ Please charge Deposit Account No. 50-2207 in the amount of \$
- The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account No. 50-2207.

Respectfully submitted,

Perkins Cole LLP

Paul L. Hickman

Registration No. 28,516

Date: February 6, 2004

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